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Expectations of Family Physicians Perceptions of the Doctor and Patient

Mary Eva Farrar

Western Kentucky University

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Expectations of Family Physicians:
Perceptions of the Doctor and Patient

By Mary Eva Farrar

Directed by Professor Richard Miller

Presented to the Western Kentucky University Honors Program

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Approved By

Richard L. Miller

William R. Frazier

Shirley D. Ramsay

Lowell F. Frazier 12/1/95

ABSTRACT

This study investigated patient expectations by distributing surveys to family physicians and patients of family physicians. Both subject groups were given the same survey with the exception of demographic questions. Physicians were instructed to answer the items as they felt their patients would, while the patients were instructed to answer the items with regard to family physicians in general. Comparisons were made between the patients' and physicians' responses and between the responses of demographic groups within the patient sample. Significant differences were found to occur between the patients' and physicians' responses and between the different age groups and different genders within the patient sample.

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INTRODUCTION

Interest in patients' expectations of their physicians is not new. In fact, in 1957, Reader *et al.* [1] published an article entitled "What Patients Expect From Their Doctors." Not surprisingly, patients expected that their doctors would ask them about their present and past illnesses, and some patients expected that tests would be run. The Reader *et al.* study also found that patients "seemed to have a need for explanations of their condition" yet did not make an effort to obtain this knowledge. The researchers contended that this "passivity" resulted because patients did not expect their doctors to fulfill their need for information.

However, more recent research by Southgate and Bass [2] indicated that patients expected explanations of their illnesses and diagnoses. Similarly, Korsch, Gozzi, and Francis [3] found that pediatric patients expected their doctors to be friendly, concerned, and willing to answer questions and give explanations.

The discrepancies between these findings suggest that further research is in order. The desire to examine patient expectations and to determine whether family physicians could perceive these expectations was the impetus for my research.

Explorations of patient expectations are essential in order to provide patients with the most satisfying and best possible care. Research has shown that patient expectations of the patient-physician relationship are related to patient satisfaction [4-6]. Larsen and Rootman [4] found that the

more physicians met the patients' expectations, the more satisfied the patients were. Similarly, Hsieh and Kagle [5] found that expectations were the best predictors of satisfaction, and Linder-Pelz [6] stated that "expectations were the most important social psychological antecedent to patient satisfaction."

In their paper "Patient Requests and Expectations," Uhlmann *et al.* [7] discussed the often inconsistent use of patient expectations and desires. Expectations were defined as "anticipations that given events are likely to occur," while desires were considered "wishes" and reflected an event that was wanted. Uhlmann *et al.* also pointed out that the two terms were closely related, *i.e.* patients expected to receive some of their desires. Therefore, it was not unreasonable to consider research on patients' desires when studying expectations of the family physician. Research has shown that patients desire information and support from their physicians [8-12], and fulfillment of these desires has been correlated with patient satisfaction [8-11]. Brody *et al.* [8] reported that satisfaction was related to physicians' attempts to fulfill their patients' needs for information, control, and support. Joos, Hickman, and Borders [9] found that patients' satisfaction was not strongly related to whether the physicians met the patients' desires for tests, examinations, or medications, but was related to the physicians' ability to meet the patients' desires for information and support. Similarly, Smith *et al.* [10] and Wolf *et al.* [11] found that providing information to the patients increased satisfaction. DiMatteo, Prince, and Taranta [12] found that patients viewed caring about them, taking time to be with them, and explaining and listening to them as the most important aspects of the physicians' behavior.

Patients did not expect or desire some things to occur when they visited their physicians. Joos, Hickman, and Borders [9] reported that patients least desired assistance with emotional or

personal problems and least desired to share their point of view with the physicians. Similarly, Southgate and Bass [2] found that few patients expected to discuss nonmedical problems or their own ideas during the visit.

Different demographic groups tended to expect and desire different things from their physicians [5,13]. Hsieh and Kagle [5] found that women were more concerned with future care and services than were men. Good, Good, and Nassi [13] found that divorced patients requested treatment of psychosocial problems more often than patients who were living with someone. They also found that the unemployed were more likely to request psychosocial assistance than patients who were employed.

A significant amount of research has been conducted on patient expectations, yet physicians often are unable to perceive what their patients expect [9,14,15]. Although Joos, Hickman, and Borders [9] found only a few patients who desired assistance with emotional and personal problems and who desired to share their own point of view, these desires were concerns of patients. However, these desires were the least likely to be met for those who desired them. Joos, Hickman, and Borders [9] stated that this might have been because physicians did not feel prepared to deal with their patients' psychological needs. To explain the discrepancy between patient desires and physician conduct, they stated that "physicians may also overestimate the extent to which their patients expect help." Patients may only expect a referral rather than "expert care."

Salmon *et al.* [14] reported that general practitioners were not able to perceive their patients' intentions for seeking medical treatment and information. Salmon *et al.* did find that physicians could perceive patients' intentions for seeking support. Strull, Lo, and Charles [15] concluded that

physicians overestimated their patients' desires for making decisions, but underestimated the patients' desires for information.

Although considerable research has been conducted in the area of patient expectations, not all areas have been thoroughly investigated, such as patient expectations of family physicians in Kentucky. This study specifically investigated Kentucky patients and physicians by posing three questions: 1) What are the expectations of family practice patients? 2) Can family physicians perceive these expectations? and 3) Are the expectations of patients affected by any sociodemographic factors?

METHODS

Subjects

Twenty family physicians and 149 patients from Kentucky participated in the survey. The subjects for this study were recruited in cooperation with the Kentucky Academy of Family Physicians (KAFP). Surveys were first distributed to physicians attending a KAFP board meeting; sixteen surveys were completed. The physicians that attended the conference were later contacted by mail and asked to allow their patients to be surveyed. Additional physician surveys were also included in this mail-out, and four more surveys were received. Six doctors agreed to participate and were mailed 40 surveys to distribute to their patients.

The patient sample was 26.2% male and 69.1% female (4.7% did not designate a gender). Concerning the age of the patients, 2% were under 18 years of age, 36% were 18-30 years old, 43% were 31-45 years old, 42% were 46-60 years old, 18% were 61-75 years old, and 4% were older than 75. The majority of the patients had been to their physicians either 1-3 times or 4-6 times within the survey year. Of the patients, 38.9% had completed high school, 32% had completed undergraduate studies, and 42% had completed some graduate education. The majority of the patient sample (89.3%) were Caucasians. Patients earning under \$5,000 made up 9.4% of the patient sample; 19.5% of the patients had an income of \$5,000-\$15,000; 30.9% had an income of \$15,001 to

\$30,000; 12.1% had an income of \$30,001-50,000; 10.1% had an income of 50,001-75,000; and 2% had an income of more than \$75,000.

The physician sample was composed of 15 males and 4 females; one physician did not respond to this question. Concerning the age of the physicians, 40% of the doctors were 36-45 years old, 25% were 46-55 years old, 15% were 56-65 years old, and 15% were older than 65. Physicians who had been in practice fewer than ten years made up 20% of the physician sample, 25% of the physicians had been practicing 11-20 years, 20% had been practicing 21-30 years, 20% had been practicing 31-40, and 10% had been practicing more than 40 years. Of the physicians, 40% saw 1-25 patients a day, and 55% saw 26-50 patients per day. Complete demographic information for patients and physicians is found in Appendices F and G.

Survey instrument

The survey used in the study was derived from several prior valid surveys [4,9,10,11,13,16,17,18]. Both physicians and patients received the same 38-item survey. The survey differed only in the instructions and demographic questions. Physicians were instructed to complete the survey as they felt their patients would, and patients were asked to answer the questions with respect to family physicians in general, not just their personal physician. The responses were rated using a five-item Likert-type scale registering level of agreement with each item. Copies of the surveys are found in Appendices I and J.

Analysis

The surveys were analyzed using the Mann-Whitney U test, an analysis used to evaluate two independent samples. The independent samples in this study were from patient and physician populations in Kentucky. The dependent variables were their responses. The responses were assigned a value from one to five, with strongly agree being one and strongly disagree being five. A comparison was made between the responses of the patients and physicians and between the responses of the different demographic groups within the patient sample. Differences in the responses from the two samples must have had a chance occurrence of 5% or less to be considered significantly different.

RESULTS AND DISCUSSION

Comparison of Patient and Physician Responses

The responses of patients and physicians were not significantly different on the majority of the sample items. Although some lack of significant difference was due to the difference in responses within a subject group (large standard deviation), several of the responses were not significantly different because physicians were excellent predictors of their patients' expectations. For example, both patients and physicians had very similar responses for item 2 (See Appendix H for a list of survey item) with a mean of 1.66 and 1.6 respectively. Similarly, the mean responses to item 12 were identical. Physicians correctly perceived patients' responses to item 37; physicians had a mean response of 2.16, while patients had a mean response of 2.17.

The data from Item 37 "I expect to make the final decision about which treatment I will have" differed from data reported by Strull, Lo, and Charles [15], who found that physicians overestimated their patients' desires concerning decision making. In the current study, physicians correctly perceived their patients' expectancies in regard to final decision making. Of course, it could be argued that the patients in the current study did expect to make the final decision concerning treatment, but really didn't want to make that decision.

Not all of the physicians' perceptions were coincided with those of their patients. Significant differences were noted on items 4, 8, 11, 18, 19, 21, 23, 25, 28, and 33. Both patients' and physi-

cians' responses clustered around the *agree* response to item four "I expect the doctor to take a continuing interest in me, not just when I am sick". However, the responses were significantly different ($P < 0.005$). While the physicians were correct in assuming that their patients would agree with this statement, they overestimated this agreement. Patients may have felt that their physicians' large and mobile patient load would prevent them from taking an interest in their lives outside of their medical concerns, or patients may not have expected continuing interest because they desired a strictly business relationship with their physicians. This difference is surprising because the family physician is viewed as one of the few in the medical profession who is able to establish a long-term and more personal relationship with patients.

The patients' responses to item eight were similar to the responses of patients in the Southgate and Bass study [2]: patients expect that the physicians will be interested in the patients' ideas. Physicians' responses were also clustered around the *agree* response on this statement, but the physicians overestimated the patients' expectancy ($P < 0.05$).

On items 11 and 19 ($P < 0.03$ and $P < 0.05$), physicians underestimated their patients' expectancy. Patients expected the doctor to tell them what was happening during the examination and how serious their problems were. Physicians may not realize their patients' expectations for an explanation of what is occurring during an exam, because the physicians have done so many exams. A certain procedure may be second nature to the physicians but is a whole new experience for the patients. The underestimation of telling patients how serious their problems are may stem from the physicians' dislike of telling bad news to their patients and the desire to keep hope alive for their patients.

Items 25 and 33 ($P < 0.0006$ and $P < 0.00005$) are related in that they both deal with the psychosocial aspect of the physician-patient relationship. While patients tended to disagree or to be neutral in responding to the statements involving emotional problems and counseling, the physicians tended to agree with these statements. Joos *et al.* [9] also reported that physicians may overestimate their patients' expectancy for help and that patients may only want help in the way of a referral rather than "expert help."

Items 18 and 23 ($P < 0.04$ and $P < 0.03$) "I expect the doctor to consider my feelings" and "I expect the doctor to relieve my worries about my medical condition" also deal with the psychosocial aspect of the physician-patient relationship. Both the patients' and physicians' responses clustered around the *agree* response on these items, but the physicians tended to indicate stronger agreement. The stronger agreement by the physicians may have been the result of the physicians believing that their patients expected an ideal physician, a situation which is not necessarily true as indicated by item one. While patients tended to agree with item one "I expect to have care from the doctor that is just about perfect", their responses did not indicate strong agreement. Patients may realize that it is not realistic to expect their physicians to address every psychosocial issue when the physicians' main concern is toward their physical health.

Physicians tended to more strongly disagree with item 21 ($P < 0.01$) "I expect the doctor to act like he is doing me a favor by treating me" than their patients did. It is not unexpected for physicians to strongly disagree with a statement that is derogatory toward their profession. The patients may have been less adamant about their disagreement because they have encountered physicians who gave the wrong impression during their visits with the patients, even if this impression was incorrect.

Item 28 ($P < 0.01$) dealt with a more practical aspect of the patient-physician encounter. Patients expected more information concerning the side-effects of their medicine than the physicians realized. Physicians may feel that it is the pharmacist's job rather than their own to describe the effects of the medication.

Comparison of Gender Responses

A comparison of the responses of different age groups and genders was also conducted. Male and female responses differed on five items: 10, 29, 30, 32, and 35. Females expected more consideration of their physical comfort than males did. The type of physical examinations that females are subjected to may make them more sensitive to physical comfort. Both males and females marked the disagree response to item 29 ($P < 0.04$) "I expect that the doctor won't be friendly toward me". However, females more strongly disagreed with the statement.

Males tended to agree with item 30 ($P < 0.02$) concerning the devotion of their doctor, while females tended to be neutral on this item. Males also expected their doctor to ask them about their families. Female responses indicated that they were neutral or even in disagreement with this item. Both males' and females' responses clustered around the *neutral* or *disagree* responses on item 35 ($P < 0.01$) "I expect to be able to see the doctor at night if I am busy during the day", but females indicated stronger disagreement to the statement. The females who took part in this survey may have had more flexibility in their schedules in order to be able to see the doctor during the day, while the males may have had more difficulty working around their schedules.

Comparison of Age Group Responses

Three comparisons were done concerning difference in the responses of different age groups: 18-30 vs. 46-60, 18-30 vs. 31-45, and 31-45 vs. 46-60. The responses to item five "I expect to see the same doctor every time I go for medical care" generated significant differences between 18-30 and 46-60 ($P < 0.03$) and between 31-45 and 46-60 ($P < 0.04$). In both comparisons, the older age group tended to more strongly agree with this statement than the younger age group. The older age group may have been going to the same physician for years and have expected to continue doing so. The younger age groups may have been more mobile and did not expect to be able to see the same physician when they needed medical care.

Item 17 "I don't expect the doctor to explain all the medical treatment choices open to me" generated significantly different responses between 18-30 and 46-60 ($P < 0.0006$) and between 18-30 and 31-45 ($P < 0.05$). The younger age groups' responses clustered around the *disagree* response to this statement while the older groups tended to be neutral. The responsiveness of the younger group may indicate more assertiveness with regard to their care, which is not surprising considering the recent emphasis in the media on the importance of being a wise medical consumer.

Responses to item 19 also generated significant differences between 18-30 and 31-45 ($P < 0.04$) and between 18-30 and 46-60 ($P < 0.01$). The younger age group tended to more strongly agree with item 19 "I expect the doctor to tell me how serious my problem is" than the older groups. While the older groups' responses did cluster around the *agree* response on this item, the assertiveness of the younger subjects may cause them to more strongly agree.

Item 20 "I expect the doctor to try to explain my illness and treatment in a way that I can understand" only resulted in significant differences in the responses of 18-30 and 46-60 ($P<0.02$). The younger subjects tended to more strongly agree with this statement than the older subjects. The younger subjects' responses may once again be due to the emphasis on being a wise medical consumer. In order to make wise decisions, patients need to understand their medical problems.

Responses to item 25 also generated differences between 18-30 and 46-60 ($P<0.007$). The older subjects expected more help with emotional problems than did the younger subjects. The older subjects may have stronger and longer relationships with their physicians (According to item 5, they expect to see the same doctor), which makes them more comfortable in revealing personal emotional problems and which makes the doctor more able to help them simply because he knows them well.

Comparisons between 18-30 and 31-45 ($P<0.003$) and between 31-45 and 46-60 ($P<0.03$) generated different responses on item 27 "I expect the doctor to tell me how and when to take the medicine he gives me". The 18-30 sample and the 46-60 sample both more strongly agreed with this statement than did the 31-45 sample. The 31-45 sample may rely more on their pharmacists than the other age groups.

Item 34 "I don't expect the doctor to tell me everything I want to know about my illness" generated different responses between the 18-30 and 31-45 groups ($P<0.007$). The older group tended to be neutral on this item while the younger group tended to disagree with this statement. The response of the younger subjects is not surprising considering that they agreed with item 20 "I expect the doctor to try to explain my illness and treatment in a way that I can understand" and disagreed with item 17 "I don't expect the doctor to explain all the medical treatment choices open

to me". Obviously, the younger subjects expect a considerable amount of information from their physicians.

General Patient Expectations

In addition to describing the differences in expectations between the age and gender of the patients, this survey also indicates patients' expectations when considering the patient group as a whole. Patients tended to more strongly agree with items 2, 9, 10, 11, 12, 13, 14, 15, 16, 18, 19, 20, 27, 28, and 36 than the other items. Patients tended to more strongly disagree with items 21 and 26.

CONCLUSIONS

The results of this study are encouraging. For the majority of the items the physicians could adequately perceive their patients' expectations. The physicians' overestimation of their patients' expectancies may be because the physicians were expecting their patients to expect an ideal physician or because physicians are simply making an effort to be more sensitive to their patients' expectancies. In regard to the items in which the physicians underestimated their patients expectations, it is the duty of the patients to express their expectations to their physicians, and it is the duty of the physicians to be sensitive to these expectations. Only then can patients have more satisfying care from their physicians

The differences between demographic groups within the patient sample illustrate that all patients are not alike and that physicians need to be aware of the individual and unique needs of each of their patients. Once again, both patients and physicians need to communicate in order that the individual patient's expectancies be fulfilled and satisfying care be provided.

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APPENDICES

Appendix A: Comparison of Patient and Doctor Responses

Appendix B: Comparison of Male and Female Patient Responses

Appendix C: Comparison of Responses of Patients 18-30 Years Old
and 31-45 Years Old

Appendix D: Comparison of Responses of Patients 18-30 Years Old
and 46-60 Years Old

Appendix E: Comparison of Responses of Patients 31-45 Years Old
and 46-60 Years Old

Appendix F: Physician Demographics

Appendix G: Patient Demographics

Appendix H: Survey Items

Appendix I: Patient Survey

Appendix J: Physician Survey

1	2.28	.94	2.45	1.10	.54
2	1.66	.71	1.6	.50	.97
3	2.06	.87	2.1	.79	.86
4	2.36	.97	1.75	.55	.005
5	2.11	.87	2.15	.81	.75
6	2.03	.88	2.15	.67	.34
7	2.15	.82	1.80	.52	.07
8	2.03	.85	1.63	.68	.05
9	1.55	.63	1.55	.51	.80
10	1.70	.63	1.47	.51	.15
11	1.76	.56	2.15	.81	.03
12	1.45	.56	1.45	.51	.86
13	1.70	.55	1.90	.45	.10
14	1.74	.57	1.80	.70	.73
15	1.63	.57	1.90	.64	.07
16	1.65	.49	1.70	.47	.63
17	3.53	1.33	3.74	.93	.80
18	1.79	.71	1.45	.51	.04
19	1.56	.54	1.84	.60	.05
20	1.52	.54	1.45	.61	.46
21	4.02	1.0	4.55	.76	.01
22	3.59	1.01	3.20	.95	.09
23	2.73	.98	2.25	.72	.03
24	2.80	1.09	3.15	1.18	.19
25	3.15	1.06	2.3	.81	.0006
26	4.04	.87	3.85	.99	.41
27	1.72	.76	1.60	.50	.77
28	1.66	.67	1.95	.39	.01
29	3.88	1.09	4.20	.77	.32
30	2.91	1.08	2.60	.82	.24
31	3.68	.98	3.55	.89	.58
32	3.21	.91	2.79	.71	.06
33	3.54	.94	2.53	.77	.00007
34	3.70	1.16	3.35	.99	.10
35	3.66	1.01	3.45	.89	.28
36	1.61	.62	1.40	.60	.13
37	2.17	.97	2.16	.96	.96
38	1.97	.76	2.26	.93	.20

Item	Female Mean	Female SD	Male Mean	Male SD	2-Tailed P
1	2.31	.93	2.27	1.04	.71
2	1.63	.77	1.69	.52	.21
3	2.12	.89	1.82	.68	.09
4	2.35	.98	2.42	.98	.72
5	2.14	.91	2.00	.84	.46
6	2.00	.89	2.15	.87	.29
7	2.08	.80	2.32	.84	.11
8	2.07	.90	1.95	.76	.57
9	1.53	.64	1.59	.64	.58
10	1.58	.54	1.97	.79	.006
11	1.70	.61	1.85	.71	.29
12	1.39	.53	1.53	.60	.21
13	1.64	.54	1.79	.53	.14
14	1.69	.57	1.82	.61	.30
15	1.60	.53	1.70	.70	.63
16	1.61	.51	1.71	.46	.25
17	3.59	1.31	3.39	1.39	.44
18	1.75	.68	1.87	.81	.52
19	1.57	.56	1.55	.50	.9956
20	1.49	.54	1.61	.55	.24
21	4.13	.97	3.89	1.02	.17
22	3.70	.99	3.42	1.03	.13
23	2.76	1.01	2.68	.96	.93
24	2.87	1.12	2.66	1.05	.42
25	3.22	1.09	3.03	.99	.37
26	4.16	.80	3.92	.86	.08
27	1.69	.80	1.79	.70	.27
28	1.62	.65	1.72	.72	.48
29	4.03	1.02	3.61	1.22	.04
30	3.07	1.08	2.56	1.02	.02
31	3.77	.94	3.55	1.06	.33
32	3.38	.86	2.89	.95	.005
33	3.56	.91	3.55	.98	.91
34	3.81	1.11	3.49	1.27	.17
35	3.80	.99	3.38	.92	.01
36	1.55	.63	1.71	.61	.13
37	2.11	.97	2.42	.97	.08
38	1.91	.80	2.15	.67	.05

Item	18-30 Mean	18-30 SD	31-45 Mean	31-45 SD	Z-Tailed P
1	2.25	.97	2.26	.94	.93
2	1.56	.56	1.84	.84	.15
3	2.22	.99	2.14	.81	.78
4	2.50	.81	2.28	.98	.21
5	2.22	.87	2.36	1.12	.75
6	2.11	.92	1.93	.96	.31
7	2.11	.85	2.00	.63	.74
8	1.94	.92	1.98	.75	.63
9	1.47	.51	1.49	.59	.94
10	1.66	.54	1.78	.72	.58
11	1.72	.66	1.71	.67	.94
12	1.39	.55	1.46	.64	.69
13	1.63	.55	1.68	.57	.75
14	1.60	.50	1.71	.56	.44
15	1.58	.60	1.55	.55	.86
16	1.59	.50	1.63	.54	.76
17	4.24	.89	3.63	1.35	.05
18	1.80	.87	1.74	.66	.99
19	1.35	.54	1.60	.55	.04
20	1.34	.48	1.53	.59	.16
21	4.28	.91	4.09	.97	.33
22	3.67	.86	3.60	1.04	.91
23	2.61	.96	2.91	1.02	.31
24	2.78	1.05	2.93	1.16	.71
25	3.50	.97	3.17	1.03	.19
26	4.25	.55	4.00	.84	.24
27	1.50	.70	2.05	.94	.003
28	1.49	.56	1.76	.82	.16
29	4.22	.72	4.05	.91	.43
30	2.94	.91	2.90	1.21	.65
31	3.56	.88	3.72	.98	.32
32	3.26	.78	3.26	1.04	.88
33	3.56	.84	3.74	.99	.27
34	4.25	.77	3.48	1.30	.007
35	3.77	.88	3.91	.84	.58
36	1.54	.56	1.54	.71	.68
37	2.33	1.15	2.26	.94	.99
38	1.97	.77	2.02	.77	.76

Item	18-30 Mean	18-30 SD	46-60 Mean	46-60 SD	2-Tailed P
1	2.25	.97	2.42	1.01	.38
2	1.56	.56	1.60	.74	.98
3	2.22	.99	1.93	.88	.16
4	2.50	.81	2.43	1.17	.68
5	2.22	.87	1.83	.58	.03
6	2.11	.92	2.05	.76	.84
7	2.11	.85	2.29	.97	.41
8	1.94	.92	2.17	.88	.21
9	1.47	.51	1.52	.55	.73
10	1.66	.54	1.61	.54	.70
11	1.72	.66	1.74	.54	.78
12	1.39	.55	1.39	.49	.87
13	1.63	.55	1.72	.51	.40
14	1.60	.50	1.83	.63	.12
15	1.58	.60	1.71	.46	.22
16	1.59	.50	1.71	.46	.28
17	4.24	.89	3.29	1.31	.0006
18	1.80	.87	1.78	.61	.66
19	1.35	.54	1.63	.49	.01
20	1.34	.48	1.61	.49	.02
21	4.28	.91	4.07	.88	.85
22	3.67	.86	3.64	1.06	.93
23	2.61	.96	2.61	.92	.20
24	2.78	1.05	2.79	1.09	.89
25	3.50	.97	2.85	1.00	.007
26	4.25	.55	4.12	.97	.96
27	1.50	.70	1.63	.63	.23
28	1.49	.56	1.73	.63	.08
29	4.22	.72	3.97	1.14	.64
30	2.94	.91	3.08	1.12	.57
31	3.56	.88	3.88	.95	.09
32	3.26	.78	3.24	.91	.82
33	3.56	.84	3.46	.92	.66
34	4.25	.77	3.74	1.21	.07
35	3.77	.88	3.56	1.14	.49
36	1.54	.56	1.69	.57	.26
37	2.33	1.15	2.02	.78	.35
38	1.97	.77	1.98	.76	.95

Item	46-60 Mean	46-60 SD	31-45 Mean	31-45 SD	2-Tailed P
1	2.42	1.01	2.26	.94	.39
2	1.60	.74	1.84	.84	.14
3	1.93	.88	2.14	.81	.17
4	2.43	1.17	2.28	.98	.58
5	1.83	.58	2.36	1.12	.04
6	2.05	.76	1.93	.96	.31
7	2.29	.97	2.00	.63	.19
8	2.17	.88	1.98	.75	.36
9	1.52	.55	1.49	.59	.68
10	1.61	.54	1.78	.72	.35
11	1.74	.54	1.71	.67	.71
12	1.39	.49	1.46	.64	.79
13	1.72	.51	1.68	.57	.61
14	1.83	.63	1.71	.56	.42
15	1.71	.46	1.55	.55	.12
16	1.71	.46	1.63	.54	.45
17	3.29	1.31	3.63	1.35	.13
18	1.78	.61	1.74	.66	.64
19	1.63	.49	1.60	.55	.69
20	1.61	.49	1.53	.59	.40
21	4.07	.88	4.09	.97	.77
22	3.64	1.06	3.60	1.04	.81
23	2.61	.92	2.91	1.02	.22
24	2.79	1.09	2.93	1.16	.63
25	2.85	1.00	3.17	1.03	.15
26	4.12	.97	4.00	.84	.31
27	1.63	.63	2.05	.94	.03
28	1.73	.63	1.76	.82	.80
29	3.97	1.14	4.05	.91	.86
30	3.08	1.12	2.90	1.21	.40
31	3.88	.95	3.72	.98	.45
32	3.24	.91	3.26	1.04	.97
33	3.46	.92	3.74	.99	.13
34	3.74	1.21	3.48	1.30	.35
35	3.56	1.14	3.91	.84	.21
36	1.69	.57	1.54	.71	.13
37	2.02	.78	2.26	.94	.28
38	1.98	.76	2.02	.77	.81

Gender	Frequency	Percentage
Male	15	75
Female	4	20
Missing	1	5

Table B

Age	Frequency	Percentage
36-45	8	40
46-55	5	25
56-65	3	15
Greater than 65	3	15
Missing	1	5

Table C

Years in Practice	Frequency	Percentage
Less than 10	4	20
11-20	5	25
21-30	4	20
31-40	4	20
More than 40	2	10
Missing	1	5

Table D

Number of patients per day	Frequency	Percentage
1-25 patients	8	40
26-50 patients	11	55
Missing	1	5

Appendix G
Patient Demographics

Table A

Gender	Frequency	Percentage
Male	39	26.2
Female	103	69.1
Missing	7	4.7

Table B

Age	Frequency	Percentage
Less than 18	3	2.0
18-30	36	24.2
31-45	43	28.9
46-60	42	28.2
61-75	18	12.1
Older than 75	4	2.7
Missing	3	2.0

Table C

Number of times to doctor	Frequency	Percentage
Zero	9	6.0
1-3	61	40.9
4-6	39	26.2
7-10	14	9.4
More than 10	20	13.4
Missing	6	4.0

Appendix G
Patient Demographics

Table D

Highest Level of Education	Frequency	Percentage
Less than 8th	9	6.0
High School	58	38.9
Undergraduate	32	21.5
Graduate	42	28.2
Missing	8	5.4

Table E

Ethnic Group	Frequency	Percentage
African American	4	2.7
White	133	89.3
Hispanic	1	0.7
Native American	8	5.4
Missing	3	2.0

Table F

Income	Frequency	Percentage
Less than \$5,000	14	9.4
\$5,000 - \$15,000	29	19.5
\$15,001 - \$30,000	46	30.9
\$30,001 - \$50,000	18	12.1
\$50,001 - \$75,000	15	10.1
More than \$75,000	3	2.0
Missing	24	16.1

1. I expect to have care from the doctor that is just about perfect.
2. I expect to see a doctor at a reasonable cost.
3. I expect the doctor to be on time for my appointment.
4. I expect the doctor to take a continuing interest in me, not just when I am sick.
5. I expect to see the same doctor every time I go for medical care.
6. When I go see the doctor for a new problem, I expect him to check up on previous problems.
7. I expect to be able to tell the doctor my problem without his interrupting me.
8. I expect the doctor to listen to me while I tell him what I think the problem might be.
9. I expect the doctor to examine me carefully before deciding what is wrong.
10. I expect the doctor will consider my physical comfort when he examines me.
11. I expect the doctor to tell me what is happening during the examination.
12. I expect my doctor to be honest and tell me if he doesn't know what is wrong with me.
13. I expect the doctor to tell me what my symptoms mean.
14. I expect the doctor to tell me if he thinks my problem will get worse.
15. I expect the doctor to tell me why he ordered tests.
16. I expect the doctor to tell me what to expect during treatment.
17. I don't expect the doctor to explain all the medical treatment choices open to me.
18. I expect the doctor to consider my feelings.
19. I expect the doctor to tell me how serious my problem is.
20. I expect the doctor to try to explain my illness and treatment in a way that I can understand.
21. I expect the doctor to act like he is doing me a favor by treating me.
22. I expect the doctor will not spend enough time with me.
23. I expect the doctor to relieve my worries about my medical condition.
24. I expect to reach a doctor to ask him questions at any time.
25. I expect the doctor to help me with personal emotional problems.
26. I expect that the doctor will ignore my feelings.
27. I expect the doctor to tell me how and when to take the medicine he gives me.
28. I expect the doctor to explain the side effects of the medicine he gives me.
29. I expect that the doctor won't be friendly toward me.
30. I expect my doctor to be devoted to me.
31. I expect that the doctor won't get to know me because he has so many patients to see.
32. I expect the doctor to ask me about my family.
33. I expect the doctor to provide me with family counseling.
34. I don't expect the doctor to tell me everything I want to know about my illness.
35. I expect to be able to see the doctor at night if I am busy during the day.
36. I expect the doctor's staff to be courteous and friendly.
37. I expect to make the final decision about which treatment I will have.
38. I don't expect my doctor to be perfect.

In general, not just your doctor, but all of your responses will be compiled with other patients to guarantee confidentiality. We appreciate your time and help in completing this survey.

Strongly Agree Agree Neutral Disagree Strongly Disagree

- ☐ ☐ ☐ ☐ ☐ 1. I expect to have care from the doctor that is just about perfect.
- ☐ ☐ ☐ ☐ ☐ 2. I expect to see a doctor at a reasonable cost.
- ☐ ☐ ☐ ☐ ☐ 3. I expect the doctor to be on time for my appointment.
- ☐ ☐ ☐ ☐ ☐ 4. I expect the doctor to take a continuing interest in me, not just when I am sick.
- ☐ ☐ ☐ ☐ ☐ 5. I expect to see the same doctor every time I go for medical care.
- ☐ ☐ ☐ ☐ ☐ 6. When I go see the doctor for a new problem, I expect him to check up on previous problems.
- ☐ ☐ ☐ ☐ ☐ 7. I expect to be able to tell the doctor my problem without his interrupting me.
- ☐ ☐ ☐ ☐ ☐ 8. I expect the doctor to listen to me while I tell him what I think the problem might be.
- ☐ ☐ ☐ ☐ ☐ 9. I expect the doctor to examine me carefully before deciding what is wrong.
- ☐ ☐ ☐ ☐ ☐ 10. I expect the doctor will consider my physical comfort when he examines me.
- ☐ ☐ ☐ ☐ ☐ 11. I expect the doctor to tell me what is happening during the examination.
- ☐ ☐ ☐ ☐ ☐ 12. I expect my doctor to be honest and tell me if he doesn't know what is wrong with me.
- ☐ ☐ ☐ ☐ ☐ 13. I expect the doctor to tell me what my symptoms mean.
- ☐ ☐ ☐ ☐ ☐ 14. I expect the doctor to tell me if he thinks my problem will get worse.
- ☐ ☐ ☐ ☐ ☐ 15. I expect the doctor to tell me why he ordered tests.
- ☐ ☐ ☐ ☐ ☐ 16. I expect the doctor to tell me what to expect during treatment.
- ☐ ☐ ☐ ☐ ☐ 17. I don't expect the doctor to explain all the medical treatment choices open to me.
- ☐ ☐ ☐ ☐ ☐ 18. I expect the doctor to consider my feelings.
- ☐ ☐ ☐ ☐ ☐ 19. I expect the doctor to tell me how serious my problem is.
- ☐ ☐ ☐ ☐ ☐ 20. I expect the doctor to try to explain my illness and treatment in a way that I can understand.
- ☐ ☐ ☐ ☐ ☐ 21. I expect the doctor to act like he is doing me a favor by treating me.
- ☐ ☐ ☐ ☐ ☐ 22. I expect the doctor will not spend enough time with me.
- ☐ ☐ ☐ ☐ ☐ 23. I expect the doctor to relieve my worries about my medical condition.
- ☐ ☐ ☐ ☐ ☐ 24. I expect to reach a doctor to ask him questions at any time.
- ☐ ☐ ☐ ☐ ☐ 25. I expect the doctor to help me with personal emotional problems.
- ☐ ☐ ☐ ☐ ☐ 26. I expect that the doctor will ignore my feelings.
- ☐ ☐ ☐ ☐ ☐ 27. I expect the doctor to tell me how and when to take the medicine he gives me.
- ☐ ☐ ☐ ☐ ☐ 28. I expect the doctor to explain the side effects of the medicine he gives me.
- ☐ ☐ ☐ ☐ ☐ 29. I expect that the doctor won't be friendly toward me.
- ☐ ☐ ☐ ☐ ☐ 30. I expect my doctor to be devoted to me.
- ☐ ☐ ☐ ☐ ☐ 31. I expect that the doctor won't get to know me because he has so many patients to see.
- ☐ ☐ ☐ ☐ ☐ 32. I expect the doctor to ask me about my family.
- ☐ ☐ ☐ ☐ ☐ 33. I expect the doctor to provide me with family counseling.
- ☐ ☐ ☐ ☐ ☐ 34. I don't expect the doctor to tell me everything I want to know about my illness.
- ☐ ☐ ☐ ☐ ☐ 35. I expect to be able to see the doctor at night if I am busy during the day.
- ☐ ☐ ☐ ☐ ☐ 36. I expect the doctor's staff to be courteous and friendly.
- ☐ ☐ ☐ ☐ ☐ 37. I expect to make the final decision about which treatment I will have.
- ☐ ☐ ☐ ☐ ☐ 38. I don't expect my doctor to be perfect.

Gender:

- ☐ Male
☐ Female

Age:

- ☐ Less than 18 years old ☐ 46 - 60 years old
☐ 18 - 30 years old ☐ 61 - 75 years old
☐ 31 - 45 years old ☐ Older than 75 years old

How many times have you seen the doctor in the past year?

- ☐ zero ☐ 7 - 10
☐ 1 - 3 ☐ more than ten
☐ 4 - 6

Please mark the highest educational level you have attained.

- ☐ less than 8th grade ☐ undergraduate
☐ high school ☐ graduate

Ethnic group

- ☐ African American
☐ White (not Hispanic)
☐ Hispanic
☐ Asian
☐ Native American

Please mark your yearly income.

- ☐ Less than \$5,000
☐ \$5,000 - \$15,000
☐ \$15,001 - \$30,000
☐ \$30,001 - \$50,000
☐ \$50,001 - \$75,000
☐ more than \$75,000